

L05000020984

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2005 MAR -1 P 3:36

SECRETARY OF STATE
TALLAHASSEE, FL

(Requestor's Name)

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(City/State/Zip/Phone #)

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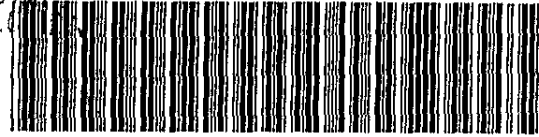
☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W05-5586
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Office Use Only



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 2, 2005

THOMAS J. COLANGELO
807 HARPER PLACE
LADY LAKE, FL 32159

SUBJECT: THOMAS J. COLANGELO
Ref. Number: W05000005586

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THOMAS J. COLANGELO and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 905A00007625



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 15, 2005

FILED
2005 MAR -1 P 3: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THOMAS J. COLANGELO
807 HARPER PLACE
LADY LAKE, FL 32159

SUBJECT: THOMAS J. COLANGELO
Ref. Number: W05000005586

We have received your document for THOMAS J. COLANGELO. However, the document has not been filed and is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 905A00010561

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: Thomas J. Colangelo
(Name of Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas J. Colangelo
(Name of Person)

Thomas J. Colangelo
(Firm/Company)

807 Harper Place
(Address)

LADY LAKE, FL 32159
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Colangelo at (352) 205-7009
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

THOMAS J. COLANGELO, LTD. CO.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

807 HARPER PLACE
LADY LAKE, FL 32159

Mailing Address:

807 HARPER PLACE
LADY LAKE, FL 32159

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


The name and the Florida street address of the registered agent are:

THOMAS J. COLANGELO
Name

807 HARPER PLACE
Florida street address (P.O. Box **NOT** acceptable)

LADY LAKE, FL 32159
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

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MGRM

Bonnie Colangelo 36
807 Harper Drive
Lake Lake, FL 33455
FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Bonnie Colangelo
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Bonnie Colangelo
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)